

Prior Authorization (PA)

Frequently Asked Questions

What is the Utilization Management process for new prior authorizations?

If the prior authorization date range falls within the 90-day period for a covered benefit, the prior authorization will be waived. The claims will not be denied for no authorization during this 90-day period.

What is the existing authorization in place from the prior MCO?

Molina will waive the authorization requirement for members transitioning from another MCO during the 90-day continuity-of-care period, and thus eliminate the need for the provider to resubmit previously approved authorization requests. Molina will honor the prior authorization for the length of time of that authorization. (i.e., if the auth from a prior MCO is good until October 10th, we will honor it until then). At that point, we would then request the provider contact us for continued prior authorization.

What are the exceptions to the Prior Authorization Policy?

Scenario	Disposition
CAR T/ All Transplants Gene Therapy* Mepsevii* Drug Therapies	Requires a prior authorization Requires a prior authorization Requires a prior authorization May require a prior authorization; please contact UM
BH Services	Auth Required for IP Acute Admissions. The following codes require an authorization: HCPS Code: S9485 90899 H0017 H0017 H0018 H0018 H0018 H0019 H2016 H2034 H0045 S5150 T1005 T2036 H2013 T2048
LTSS Services	There will be no new LTSS services outside of the standard Molina process with the exception of the possibility of a few codes other MCOs use for CCO members. Those codes are TBD as of 2/3/23
Pharmacy Services	Requires a prior authorization

LTSS / BH / IHH Prior Authorization (PA) Questions and Responses for Providers:

If I am a Long-Term Services and Supports (LTSS) provider, do I need to submit a prior authorization?

All LTSS providers who work with a member on the Waiver Program should work with the members' Case Manager to obtain a PA for all LTSS Services.

If I am requesting a transplant for a member, would I need to submit a prior authorization?

Yes, all transplant requests require a PA.

The member requires Gene Therapy, do I need to submit a prior authorization?

Yes, any type of gene therapy requires a PA.

Do I need to submit a prior authorization for Mepsevii?

Yes, Mepsevii requires a PA.

Would I need to submit a request for a prior authorization for any admissions into an inpatient Behavioral Health (BH) setting?

Yes, all BH inpatient stays need to have a PA completed for any inpatient acute admissions.

If I have a person who is inpatient at a hospital (or skilled facility) on July 1, 2023, will I need to create a prior authorization?

Yes, Molina needs to be aware of transition activities and therefore, will need a PA submitted for any continued stays at an inpatient setting. This includes inpatient stays in an acute or facility setting.

If the member has a durable medical equipment (DME) authorization that was obtained before July 1, 2023, do I need to submit a new authorization?

No, a new PA is not required and does not need to be submitted.

If the member has an order for new DME that does not have a previous prior authorization, do I need to submit for a new PA?

Yes, we are asking that you submit all new DME requests for PA for review.

Will Molina pay for non-covered benefits during the 90-day period?

No, if it is non-covered, the claim would be denied as a non-covered benefit. Providers should consult provider manuals for what is a covered or non-covered benefit.

Do Home Health services require a PA?

If the member is on a Waiver program, you would work with the Case Manager (CM) to obtain a PA. If the member is NOT on a Waiver program, and the service was previously approved during a PA, then no, you would not need to submit a new request. If the member is not on a Waiver program and a previous PA was not obtained, then Molina is requesting to submit a new request for PA.

Will Molina pay for cosmetic, plastic or reconstructive procedures during this time? Would this require a PA?

Cosmetic surgery, or expenses incurred in connection with cosmetic surgery, is not covered under the Medicaid program except in certain situations. All cosmetic surgery relations would require a PA. Providers would consult provider manuals to determine if a service is a covered benefit.

If the member had a specific wound care procedure approved with previous PA, would we need to submit a new PA?

No, the previously approved PA would apply. Any new treatment protocols for wound care would need a PA.

If the member had a Neuropsychological or Psychological test approved with previous PA, would we need to submit a new PA?

No, previously approved PA would apply. Any new Neuropsychological or Psychological test would need a PA. Providers would need to consult the PA Look-up tool for guidance when a PA is needed.

If the member had an Outpatient Hospital or Ambulatory surgical procedure approved with previous PA, would we need to submit a new PA?

No, previously approved PA would apply. Any new Outpatient Hospital or Ambulatory surgical procedure would need a PA. Providers would need to consult the PA Look-up tool for guidance when a PA is needed.

If the member had a Pain Management procedure approved with previous PA, would we need to submit a new PA?

No, previously approved PA would apply. Any new Pain Management procedure would need a PA. Providers would need to consult the PA Look-up tool for guidance when a PA is needed.

If the member had Physical, Occupational, or Speech Therapy approved with previous PA, would we need to submit a new PA?

No, previously approved PA would apply. Any new Physical, Occupational, or Speech Therapy would need a PA. Providers would need to consult the PA Look-up tool for guidance when a PA is needed.

If the member had Prosthetics & Orthotics approved with previous PA, would we need to submit a new PA?

No, previously approved PA would apply. Any new requests for Prosthetics & Orthotics needed would need a PA. Providers would need to consult the PA Look-up tool for guidance when a PA is needed.

If the member had a Radiation Therapy & Radio Surgery approved with previous PA, would we need to submit a new PA?

No, previously approved PA would apply. Any new requests for Radiation Therapy & Radio Surgery needed would need a PA. Providers would need to consult the PA Look-up tool for guidance when a PA is needed.

If the member had a Sleep Study approved with previous PA, would we need to submit a new PA?

No, previously approved PA would apply. Any new requests for a Sleep Study needed would need a PA. Providers would need to consult the PA Look-up tool for guidance when a PA is needed.

What are the Transplants or Gene Therapy codes that require a prior authorization?

Codes and Descriptions to be provided.

What codes for BH Inpatient Stays require a prior authorization?

HCPS Code	Rev Code	Modifier(s)	Service Description	Iowa Service Description	IP Type
S9485	0761	TF/TG/U3	CRISIS INTERVENT MENTAL HEALTH SERV	Crisis Stabilization Community or Residential. No PA required for first 3 days.	Crisis Residential
90899	0204		UNLISTED PSYCHIATRIC SERVICE PROCEDURE	Psychiatric Intensive Care (PIC)	IP Psych
H0017	1002	TF/HK/HB	BEHAVIORAL HEALTH; RES W O ROOM AND BOARD PER DIEM	ASAM 3.3	Residential
H0017	1002	TF/HF/HA/HB	BEHAVIORAL HEALTH; RES W O ROOM AND BOARD PER DIEM	ASAM 3.5	Residential
H0018	1002	TF/HK/HB	BHVAL HEALTH; SHORT-TERM RES W O ROOM AND BOARD-DIEM	ASAM 3.3	Residential
H0018	1002	TF/HF/HA/HB	BHVAL HEALTH; SHORT-TERM RES W O ROOM AND BOARD-DIEM	ASAM 3.5	Residential
H0018	0126	TG/HA/HB	BHVAL HEALTH; SHORT-TERM RES W O ROOM AND BOARD-DIEM	ASAM 3.7	Residential
H0019			BHVAL HEALTH; LONG-TERM RES W/O ROOM AND BOARD-DIEM	BHIS residential group foster care	Residential
H2016		U7	COMP COMMUNITY SUPPORT SERVICES PER DIEM	IRSH	Residential
H2034	1004	HA/HK/HB		ASAM 3.1	Residential
H0045			RESPIRE CARE SERVICES NOT IN THE HOME PER DIEM	Respite through B3	Respite
S5150			UNSKILLED RESPIRE CARE NOT HOSPICE; PER 15 MIN	Respite Individual through CMH Waiver	Respite
T1005			RESPIRE CARE SERVICES UP TO 15 MINUTES	Respite Group through CMH Waiver	Respite
T2036			THERAPEUTIC CAMPING OVERNIGHT WAIVER; EA SESSION	Respite Overnight Camp through CMH Waiver	Respite
H2013	0190	U3	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM	Sub acute Crisis	Sub-Acute

T2048	0124		BHVAL HEALTH; LONG-TERM CARE RES W/ROOM AND BD-DIEM	PMIC (Bed Hold Rev Codes: Home Leave = 0183; MH Hosp Leave = 0180; Elope Leave = 0189)	Sub-Acute
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Medication Prior Authorization During MCO Transition FAQ:

My patient was previously approved for a medication that their previous physician administered July to September; then was assigned a different MCO in August (thus, prior to their redetermination). Is the medication still covered and/or approved?

Historical prior authorization files will be distributed to Molina from Iowa HHS. If a member has a previously approved PA, Molina will have access to the PA in our system. If the previously approved PA expires July 1-July 30, Molina will extend the approval until September 30th. Providers will need to resubmit a new PA prior to September 30th. The exception to this is All-gene therapy, Meseprivil, and Transplants (including CAR-T), which will require a new prior authorization. Any previously approved prior authorization that expires after our 90-day transition (after September 30th) will require a new prior authorization submission before the prior authorization's expiration date.

I have a member has an approved prior authorization for an outpatient medication, but it expires during the 90-day transition period of July 1st to September 30th. Do I need to resubmit a PA? Will my patient get their medication?

Historical prior authorization files will be distributed to Molina from Iowa HHS. If a member has a previously approved PA, Molina will use logic to "look back" through the data to find the PA.

- If prior approved PA expires July 1-July 30, Molina will extend the approval until September 30th. Providers will need to resubmit a new PA prior to September 30th.
- If prior approved PA expires August 1-August 30, Molina will extend the approval until October 30th. Providers will need to resubmit a new PA prior to October 30th.
- If prior approved PA expires Sept 1-Sept 30, Molina will extend the approval until November 30th. Providers will need to resubmit a new PA prior to November 30th.

I have a patient with an approved prior authorization medication, but it expires after September 30th. When do I need to resubmit a PA?

Any previously approved prior authorization that expires after our 90-day transition (after September 30th) will require a new prior authorization submission before the prior authorization's expiration date.

I do not know when my patient's previously approved prior authorization is expected to expire. How will providers be notified of patients PA being expired?

There will be no notification of upcoming expiration of a prior authorization. If you do not know previous records, you can call our provider help center at 1-844-236-1464.

I do not know if my patient has a previously approved PA because they are new to my practice. How can I find out?

For pharmacy specific, you can submit a new prior authorization, or you can call our provider help center at 1-844-236-1464 and we can help you figure out if your new patient has a previously approved PA. For medical, we will need a new prior authorization if the ordering or rendering providers has changed.

If I want to prescribe a new medication to my patient and it requires a prior authorization, when do I need to submit a prior authorization form?

Any new medication requiring prior authorization should be submitted to Molina for review as soon as possible through an ePA portal or by faxing to 1-877-733-3195. Molina will respond with a decision within 24 hours. Please note, drug specific PA forms can be found at www.iowamedicaidpdl.com or www.molinahealthcare.com for pharmacy benefit drugs. Please fill out the form in its entirety for the most expeditious turnaround time.

What criteria does Molina use for PA approval of medications?

Medications dispensed by pharmacy (pharmacy benefit plan) must adhere to the Preferred Drug List (PDL) set by Iowa HHS. This includes any utilization management criteria. The PDL, PA forms, and criteria can be found at www.iowamedicaidpdl.com or on our website at <http://www.molinahealthcare.com/>.

After the 90-day redetermination period, if I have a patient change to Molina from a different MCO, how long will you honor previously approved PAs?

After September 30, 2023, any new member to Molina will have a 30-day transition period for prior authorizations.